महाराष्ट्र शासन

क्र. पीएमडी-०५१७/प्र.क्र.३६९/पोल-१
गृह विभाग, २ रा मजला, मंत्रालय,
मादाम कामा रोड, मुंबई-४०००३२.
दिनांक: ११ ऑक्टोंबर, २०१७

केंद्र शासनाच्या गृह व्यवहार मंत्रालयाचे क्र. ११०१९/२३/२०१६-PMA, दिनांक २१.०८.२०१७ च्या पत्रान्वये उत्कृष्टपूर्ण सेवेसाठी द्यावयाच्या राष्ट्रपती पोलीस पदक व गुणवत्तापूर्ण सेवेसाठी द्यावयाच्या पोलीस पदकाकरीता सुधारीत मार्गदर्शक सूचना निर्गमित केल्या असून त्या समक्रमांक, दिनांक २९.०९.२०१७ च्या पृष्ठांकनान्वये सर्व संबंधितांना प्रसृत करण्यात आल्या आहेत.

सदर सुधारीत मार्गदर्शक सूचनांच्या अनुषंगाने राष्ट्रपती पोलीस पदक/ पोलीस पदकासाठी शिफारस करावयाच्या अधिकारी/ कर्मचारी यांच्या शारिरीक पात्रतेसंदर्भात सर्वंकष सूचना गृह व्यवहार मंत्रालय, भारत सरकार यांनी त्यांच्या क्र. ११०१९/२४/२०१६-PMA, दिनांक २८.९.२०१७ च्या पत्रान्वये निर्गमित केलेल्या आहेत. सदर सूचना महाराष्ट्र राज्य पोलीस दलातील घटक प्रमुखांना व अन्य संबंधितांना माहिती व योग्य त्या कार्यवाहीसाठी सोबत अग्रेषित.

अ.क्र.	पत्र क्रमांक व दिनांक	विषय
१.	केंद्र शासनाच्या गृह व्यवहार मंत्रालयाचे पत्र क्र.११०१९/२३/२०१६-PMA, दिनांक २१.०८.२०१७ .	Guidelines for Criteria of Physical/ Medical fitness for awarding Police Service Medal to Police Officers- reg.

सदर पृष्ठांकन महाराष्ट्र शासनाच्या www.maharashtra.gov.in या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेताक 201710111144243729 असा आहे. हे पृष्ठांकन डिजीटल स्वाक्षरीने साक्षांकित करुन काढण्यात येत आहे.

Tushar Vasantrao Mahajan

Digitally signed by Tushar Vasantrao Mahajan
DN: c=IN, o=Government Of Maharashtra, ou=Home, postalCode=400032, st=Maharashtra, 2.5.4.20=19c6c23f510a80926e9b7ee5db235979452f3f9e8918118634069a6cc7a22b9f, cn=Tushar Vasantrao Mahajan
Date: 2017.10.12 17:13:28 +05'30'

(तुषार महाजन)
अवर सचिव, महाराष्ट्र शासन

प्रति,

❖ महासंचालक व पोलीस महानिरीक्षक, महाराष्ट्र राज्य, मुंबई

आपणांस विनंती करण्यात येते की, सदर पृष्ठांकन आवश्यक त्या कार्यवाहीसाठी राज्यातील सर्व पोलीस घटक प्रमुखांच्या निदर्शनास आणावे.

प्रत

१. मा.राज्यपाल यांचे सचिव, राजभवन, महाराष्ट्र राज्य, मुंबई

२. मा.मुख्यमंत्री यांचे प्रधान सचिव, मंत्रालय, मुंबई

३. मा.राज्यमंत्री (गृह)(शहरे/ग्रामीण) यांचे खाजगी सचिव, मंत्रालय, मुंबई

४. मुख्य सचिव यांचे सह सचिव, मंत्रालय, मुंबई

५. अपर मुख्य सचिव (गृह) यांचे वरिष्ठ स्वीय सहायक, गृह विभाग, मंत्रालय, मुंबई.

६. प्रधान सचिव (अ. व सु.) यांचे वरिष्ठ स्वीय सहायक, गृह विभाग, मंत्रालय,मुंबई.

७. प्रधान सचिव (विशेष) यांचे वरिष्ठ स्वीय सहायक, गृह विभाग, मंत्रालय,मुंबई

८. प्रधान सचिव, सार्वजनिक आरोग्य विभाग, नवीन मंत्रालय, मुंबई.

९. प्रधान सचिव, वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, नवी मंत्रालय, मुंबई.

१०. संचालक, आरोग्य सेवा संचालनालय, म.रा., मुंबई.

आपणांस विनंती करण्यात येते की, सदर सूचना आपले स्तरावरुन आपल्या अधिनस्त सर्व हॉस्पिटलस् व आरोग्य केंद्रांच्या निदर्शनास आणाव्यात .

११. संचालक, वैद्यकीय शिक्षण व संशोधन संचालनालय, म.रा., मुंबई.

आपणांस विनंती करण्यात येते की, सदर सूचना आपले स्तरावरुन आपल्या अधिनस्त सर्व हॉस्पिटलस् व आरोग्य केंद्रांच्या निदर्शनास आणाव्यात .

१२. महालेखापाल (लेखा व अनुज्ञेयता/ लेखा परीक्षा)-१, महाराष्ट्र, मुंबई.

१३. महालेखापाल (लेखा व अनुज्ञेयता/ लेखा परीक्षा)-२, महाराष्ट्र, नागपूर.

१४. निवड नस्ती, पोल-१.

1601/पोल-1
04.10.2017

गृह विभाग
पोलिस शाखा
2603288
ई-आवक क्रमांक : ...
दिनांक : 3/10/2017

1/25

No. 11019/24/2017-PMA
Government of India
Ministry of Home Affairs
Police-I Division
PMA Cell

North Block, New Delhi
Dated the 28 September, 2017

To

(i) The Home Secretaries of all the States/UTs
(ii) DsGP of all the States/UTs
(iii) Directors – IB/CBI/SVPNPA/SPG/NEPA/NICFS/CFSL/DCPW/NCRB
(iv) DsG –BSF/ CRPF/ ITBP/ CISF/ NSG/ RPF/ BPR&D /SSB/ NCB/ NDRF/Assam Rifles (Through LOAR)
(v) DG, National Investigation Agency, NDCC-II Building, Jai Singh Road, New Delhi.
(vi) The Secretary, R&AW, Cabinet Sectt. Bikaner House Annexe, New Delhi.
(vii) Ministry of Civil Aviation, B – Block, Rajiv Gandhi Bhavan, Safdarjung Airport, New Delhi.
(viii) Secretary General, National Human Rights Commission, New Delhi.
(ix) Secretary, Commission for SCs/STs
(x) The Secretary, Lok Sabha /Rajya Sabha Secretariat, New Delhi
(xi) All Ministries/Departments of Government of India (except M/o Defence)

Subject: Guidelines for Criteria of Physical/Medical fitness for awarding Police Service Medal to Police Officers- reg.

Sir,

In continuation of this Ministry's letter No. 11019/23/2016-PMA dated 21st August 2017 regarding new guidelines for award of President's Police Medal (PPM) for Distinguished Service and Police Medal (PM) for Meritorious Service, guidelines for criteria of Physical/Medical fitness for awarding Police Service Medal to Police officers/Personnel is enclosed.

2. It is decided that they must be in SHAPE-I category as per guidelines (copy enclosed). Relaxation for SHAPE-2 category may be given in exceptional cases.

3. All the States/UTs/CAPFs/CPOs/organisation are requested to obtain fitness form in respect of each recomendee (Appendix-A and B of guidelines) from an authorized Doctor and furnish a certificate regarding physical fitness (Appendix-C) with recommendation.

Yours faithfully,

28/9/17

(Raman Kumar)
Under Secretary to the Government of India
Telefax: 011-23094009

GUIDELINES

Subject: Guidelines for Criteria of Physical/Medical fitness for awarding Police Service Medal to Police personnel- reg.

Introduction:

Promoting professionalism and excellence among police personnel is one of the priorities of the Government. Government has been focusing on the concept of Smart Police and it is necessary that holders of the President's Police Medal (PPM) for Distinguished Service and Police Medal (PM) for Meritorious Service are physically fit. Accordingly Government of India has amended the guidelines for awarding Indian Police Medal for Meritorious Service and President's Police Medal for Distinguished Service which includes that all recommendees must be physically fit and in SHAPE-1 category. However relaxation for SHAPE-2 category may be given in exceptional cases.

Fitness Standards:

Details for Criteria of Physical/Medical fitness for awarding Police Service Medal to Police personnel is given in Appendix-I (page 1-18).

Process of Medical Examination:

- Police personnel working in Central Government organization may get themselves medically examined in any Central Government Hospital, CAPFs Hospital, reputed AIIMs like institutions as well as State and District level Hospitals run by the State Governments where the police official is posted.
- Police personnel working in the State Government/UTs may get themselves medically examined in any State or District level Hospital including Central Government Hospitals. These Police personnel posted in remote areas may get themselves examined at Sub-Division level Hospitals run by State Government also.
- All officers must submit self declaration as per the Format given in Appendix-'A'. The Medical Officer will submit the Fitness Report as per the Format given at Appendix-'B'.
- Based upon the report of the Medical officer, the State Governments/UTs/CAPFs/CPOs should submit certificate as per the Format given at Appendix'C'.
- Normally SHAPE-I category officers only should be recommended. However, in exceptional cases, officers under SHAPE-II category may be recommended with full justification.
- Validity of such Medical Certificate will be for one year.

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GUIDELINES FOR CRITERIA OF PHYSICAL/MEDICAL FITNESS FOR AWARDING POLICE MEDAL TO POLICE PERSONNEL

CLASSIFICATION PRINCIPLES

Medical classification / reclassification of Police personnel be made after assessing his/her fitness under 5 sectors of health status, in terms of the code letters 'SHAPE' as under:

S - Psychological
H - Hearing
A - Appendages
P - Physical Capacity
E - Eye sight

FUNCTIONAL CAPACITY

Functional capacity for duties under each factor will be graded in the scale from 1 to 5 indicating declining functional efficiency and increasing employability limitations.

Functional Capacity Scale

1. Fit for all duties anywhere.
2. Fit for all duties except with limitations in duties involving severe physical / mental strain. They would also require perfect acuity of vision and hearing.
3. Except S factor, fit for routine or sedentary duties but have limitations of employability; both job wise and Terrain wise as spelt out in classification against each factor.
4. Temporarily unfit for duties on account of hospitalization /sick leave.
5. Permanently unfit for service for any type of duties.

1. "S' FACTOR (PSYCHOLOGICAL)

This factor denotes Psychological aspect and other personality defects, mental acuity, emotional stability and psychiatric diseases.

Numerical Grading	Functional Capacity	Employability limitations
S-1	Can withstand severe mental stress. May have fully recovered from a psychological condition with no likelihood of further breakdown.	Fit for all duties anywhere.
S-2	Can withstand moderate stress. Had suffered from psychoneurosis, but now fully stabilized. Likelihood of breakdown under severe mental stress cannot be ruled out.	Fit for all duties anywhere except at high altitude, solitary locations and operational duties during IS duty and hostilities. Not fit for independent Command and duty with live fire-arms.

S-3	Has limited tolerance to stress, recently recovered from Psychoneurosis or toxic / confusional state; or acute psychotic reaction of temporary nature as a result of external causes, un-related to alcohol or drug addiction.	Fit for only sedentary duties with limited /restricted responsibilities under close supervision in peace / field area but only where hospitals with psychiatric facilities are available nearby. Not fit for operational duties during war or peace on IS duty or duties with arms.
S-4	On sick-leave/ in hospital	Temporary Unfit for duties.
S-5	Mentally unstable on account of psychological / psychiatric disorders or having psychopathic personality.	Permanently unfit for service.

2 **'H' Factor (Hearing)**

This factor covers auditory acuity, ability to hear spoken voice or auditory signals often against considerable background noise are important in certain situations.

Numerical Grading	Functional Capacity	Employability limitations
H-1	Has excellent hearing in both ears viz. With back to examiner can hear forced whisper at a distance of 6 meters, each ear tested separately.	Fit for all duties anywhere.
H-2	Has excellent hearing in one ear with impaired acuity in the other, partial or complete. With back to the examiner, can hear forced whisper at 6 meters With one ear (+/- 10 decibels) and conversational voice at 1.2 meters or less with the other ear (60 decibels).	No limitations in physical capacity and fit for duties in peace or field areas including I.S. duties and war any where except as under :- a) Not fit for patrol, scout and laying ambush. b) Not fit for duties which demand keen hearing acuity in both ears.
H-3	Is partially deaf in both ears. With back to the examiner can hear conversational voice at 3 Meters with both ears (40 decibels), each one tested separately.	No limitations in physical capacity and fit for duties in peace or field areas including duties during IS duty and war anywhere except as under. a) Not fit for patrol, scout and laying ambush in noisy surroundings. b) Not fit for duties which demand keen hearing acuity of both ears.
H-4	On rest/Leave on medical ground/in hospital	Temporary unfit for duties.
H-5	Hearing acuity below H 3 standard	Permanently unfit for duties.

NOTE: In assessing auditory acuity and assigning the grades under this factor, it is necessary to remember the following points:

a) An Official may be required to achieve the standards laid down against considerable background noise, in certain trades and operational Situations, although it is not an invariable requirement.
b) The standards set to be achieved under different grades are without the Assistance of hearing aids. Hence, while determining the grade of an Official's disability, improvement achieved by the use of hearing aids will not be taken into account.
c) Testing will normally be done in the usual way, dealing each ear separately. Resort to special testing will be made only under specific indications e.g. - audiometry etc.

When an individual is partially deaf in both ears, he will be examined with neither ear being dampened and if he can hear conversational voice from a distance of 3 meters (40 decibels), he will be placed in H3. If the acuity is below this level even after appropriate treatment, he will be placed in category H5.

ENT diseases e.g.- sinusitis, tonsillitis etc, not affecting hearing shall be classified under 'P' factor.

3. **'A' FACTOR (APPENDAGES)**

This covers the functional efficiency of upper and lower limbs (Including amputees, loss of fingers and toes), shoulder girdle, pelvic girdle and associated joints and muscles. A personnel who may be placed in Grade '2' or '3' of A factor, depending on whether their disability pertains to upper limbs or lower limbs, totally different employability restrictions will be applicable. Hence the person placed in grade 2 or 3 of this factor will be further divided into classification A-2(U) or A3(U) if this disability is in the upper limb(s) and A-2(L) /A-3(L) if this disability is in the lower limbs. This will give a clear picture of the individual to the administrative authorities to determine his/her suitable placement.

Numerical Grading	Functional Capacity	Employability limitations
A-1	Has full functional capacity though may be having minor impairments e.g.-	Fit for all duties anywhere
A-1(U)	(a) Loss or disability of the terminal Phalanx of anyone of 5th, 4th or 3rd fingers of dominant hand with other hand being normal. OR,	-do-
	(b) Loss of terminal Phalanges of 3rd 4th fingers of non dominant hand with grip in same hand being very good and other hand being normal.	-do-
A-1(L)	Loss of terminal phalanges of 3rd and 4th toe of any one foot.	Fit for duties anywhere except operational / IS duties /during hostility.
A-2 (U)	Has moderate defects in function of upper limbs e.g.-	Fit for all duties which do not involve crawling,

	(a). Deformity/Disease/Loss of index finger of dominant hand leading to its functional disability. OR, (b). Loss of terminal 2 phalanges of 3rd & 4th fingers of non-dominant hand, with reasonable grip retained, and the other hand being normal. OR, (c) Any other minor disease/ disability in non-dominant hand.	running, jumping, long marching, hill climbing and handling of weapons.
A-2 (L)	Has a defect/disease or disability of a moderate nature in one limb below knee capable of marching up to 8 Km and standing for 2 hours.	-do-

Note: In case the individual is placed in A2(L), each person's functional capacity in terms of employability has to be assessed on the basis of his disability e.g. a person having classical Symes operation with a good prosthesis is fit for crawling but NOT for jumping.

An individual who is placed in this classification due to an injury/disability/disease will be fit for duties anywhere except at hilly terrain (where he has to go up and down the frequently).

A-3

A-3 (U)	Has major disability or disease in upper limb like complete loss or hand including fingers, or amputation through metacarpals, or a disease/disability of shoulder on one side.	Not fit for operation/ Counter Insurgency duties. Can do IS duties without fire-arm. Area restriction not applicable.
A-3 (L)	Has a disease or disability above knee on one side, including pelvic girdle, but should be able to walk up to 5 Km at his own pace.	Fit for sedentary duties only. Not fit for high altitude/ operational / CI / IS duties
A-4	Sick, in Hospital/ rest on medical ground.	Temporarily unfit for Duties.
A-5	Severe derangement of functional efficiency	Permanently unfit for duties.

4. **<u>"P" — FACTOR (PHYSICAL CAPACITY)</u>**

This factor shall cover to describe in details about the physical capacity, strength, endurance, mobility, agility and activity of a person, which might be restricted by Medical/Surgical conditions and those which are not covered under other factors. Concessions are embedded as a function of age under this factor, since stamina and endurance do decrease with ageing process without any obvious pathology being visible.

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Numerical Grading	Functional Capacity	Employability limitations
P-1	Has full functional capacity and physical stamina.	Fit for all duties anywhere.
	Minor impairment fully under control, but has full physical stamina.	Fit for all duties anywhere but under medical observation, having no employability restrictions.
P-2	Has moderate physical capacity and stamina. Suffered from constitutional / metabolic / infective disease / operative procedures, but now well stabilized.	Fit for duties not requiring severe stress. May have restrictions in employability at high altitude (above 2,700 meters/9,000 feet in hilly terrain and extreme cold areas).
P-3	Has major disablement with limited physical capacity and stamina.	Fit for sedentary duties not involving undue stress. May have restricted employability as advised by medical authorities such as :- a. To avoid places with high humidity level 75% round the year. b. Have access to specialist services nearby c. To avoid driving/handling of weapons near water, fire or heavy machinery. d. Restricting physical excess, work in desert/ snow bound areas etc. e. Restricting active participation in hostilities, counter insurgency operations etc. (excluding staff, logistics and allied support duties)
P-4	On sick/ leave on medical ground / in hospital.	Temporarily unfit for duties
P-5	Gross limitations on physical capacity and stamina	Permanently unfit for service.

Note: It is envisaged that grading under **'P'** factor is likely to be fraught with ambiguity, mainly for the following counts:-

a) Diseases (not considered in other factors) affecting the physical capacity or stamina of a person owing to any type of-medical or surgical condition, whose etiology may be constitutional, metabolic, infective neoplastic or idiopathic are to be considered under this head.

b) The effect of therapy, whether medical or surgical, may widely vary from case to case, although the clinical presentation of the disease state may be similar or identical. The residual functional incapacity may not be easy to determine, except with experience. There are continuous changes in the concept of the natural history of disease processes, necessitating revision of our ideas regarding cure of disease, sequele, and employability restrictions.

In view of the above, issue of instructions based upon the prevailing consensus of medical opinion becomes necessary for the guiding the medical officers. Currently the following instructions are in vogue and will be followed in grading individuals suffering from the under mentioned conditions, utilizing the equivalence between grades 1-5 under this factor:-

(a) HIGH ALTITUDE PULMONARY OEDEMA (H.A.P.O.):

All cases of high altitude pulmonary oedema, after clinical recovery, if there is no clinical, radiological or electro-cardio graphic evidence of residual pulmonary hypertension, will be placed in P-1 category Without any restrictions for employment at high altitude. Officials developing high altitude pulmonary oedema for the second time will not be graded higher than P-2.

(b)I. **ISCHAECMIC HEART DISEASE**: The following policy shall be followed:

Clinical condition	Classification to recommended
Cases of coronary artery disease (CAD) with normal CAG, echo and TMT / Stress Thallium.	**P-1**
CAD with abnormal CAG with successful PTCA & Stent; CABG with normal systolic LV function and without angina.	**P-2 (T),** to be evaluated regularly for one year. May be up-graded if remains as such to **P-1** or down graded if deteriorates
CAD with abnormal CAG with successful PTCA & Stent / CABG but with abnormal systolic LV function (Low ejection fraction).	**P-3(T),** to be evaluated regularly for one year. May be up-graded to **P-2** on improvement or downgraded to **P-5.**
Cases with congestive Cardiac failure, dilated cardio-myopathy, marked enlargement of the heart and cardiac aneurysm.	P-5

(b) II. OTHER CARDIO-VASCULAR DISEASES:

Valvular Heart Diseases	**P-5**
Paroxysmal S.V.T.	P-3, to be up-graded to P-2 after EPS and Radio-frequency ablation and to **P-1** if remains asymptomatic for one year.
Permanent Pace-maker implantation	Initially **P3**, to be up-graded to P-2 if remains asymptomatic for one year.

(c) DIABETES MELLITUS

Personnel who are known diabetes or having impaired Glucose Tolerance or those who have declared themselves to be so and are under treatment should be graded as follows:

P1 Personnel having diabetes or impaired Glucose Tolerance under treatment with Diet control and or oral Hypoglycemics within following parameters be classified as P1 depending on the health condition and follow-up requirement.

(i) Fasting glucose estimation less than 126mg (plasma)/dl.
(ii) Random or 2 hr. Post glucose (75 Gms) or < 200mg (plasma)/d1. A known diabetic may be permitted to take his usual dose of OHA / insulin following glucose drink / full meals for testing PGBS / PPBS **provided that.**
(iii) Glycosylated Hb (HbAl-c) <7 %.
(iv) Individual is free from any target organ involvement / complications.
(v) Lipid profile within normal limits.
(vi) No insulin requirement.
(vii) No Glycosuria.

The above parameters must be maintained for a minimum period of six months with fasting and 2 hr Post-Prandial sugar every Six weeks and Glycosylated HbAlc every 3 months before the individual is upgraded to P1.

During this period of 24 weeks observation the individual shall be kept labeled as P1(O-24) and finally upgraded as P-1 as the case may be if he maintains the control consistently. Keeping the individual under P1 (O-24), will be done only once and need NOT be repeated every year during A.M.E.

P2: Those who have fasting and Post Prandial as for P1 above for at least 6 months with HbAlc between 7 & 8 % on dietary restriction alone or with OHA; provided that there is no complication or Target organ involvement, including:

(i) No retinopathy of any grade on fundoscopy,
(ii) No clinical or electro-physiological evidence of neuropathy,
(iii) No neuropathy by clinical, bio-chemical or imaging criteria,
(iv) Normal lipid profile,
(v) Normal ECG,
(vi) No history or evidence of cerebro-vascular or peripheral vascular disease.

P3: Those who have uncontrolled fasting and Post-Prandial sugar with OHA but needing insulin in smaller dose additionally for control, with HbAlc more than 8%, with or without any Target organ damage; but likely to reverse TOD with proper treatment and are likely to become non-insulin dependent.

P 5: Patients on high dose of insulin, not responding to O.H.A, with complications and Target organ damage with obvious changes; and complete recovery is unlikely.

For the new cases detected during A.M.E. the following procedure should be adopted. The newly detected case should initially be kept under category P3 (T-12). After 12 weeks if the individual fully complies and improves with treatment achieving parameters as given above, he/she be categorized as P2 (T-24). If he does not improve s/he will continue in P3.

In case of newly detected cases of Impaired Glucose Tolerance, the individual should be placed in category P2 (T-12) if his parameters are of P2. If there is no CV risk factor or any target organ involvement, the individual is placed in P-1. If the parameters fall in the category of P1, then he be labeled as P1(O-24) and then dealt with as given above for further categorization. In doubtful cases, complete GTT may be undertaken. If required, cases are hospitalized for 48 to 72 hours for close observation and final decision.

(d) **HYPERTENSION**

The JNC-7 guidelines about grading of hypertension are given below as a ready reference. Hypertension, when associated with diabetes mellitus is graded one step ahead to facilitate urgent intervention/ treatment in view of added risk for irreversible target organ damage in general and IHD in particular.

Grade of hypertension	Blood Pressure		
	Systolic		Diastolic
Normal	<120	and	<80
Pre-hypertension	120-139	or	80-89
Stage-I hypertension	140-159	or	90-99
Stage-II hypertension	>160		>100
-Severe	180-209		110-119
-Very Severe	210 or more		120 or more

As a general rule the systolic- Blood Pressure over 140 or/and diastolic over 90 should be now regarded as significant and such individuals should ideally be hospitalized for observation and clue investigation before final opinion. BP is measured by the conventional mercury manometer after making the individual at home and comfortable for at least 30 mints and 2 to 3 repeated readings be obtained. Other cardio-vascular risk factors e.g. - smoking, obesity, diabetes, poor physical activity, micro-albuminuria or GFR < 60ml /min, family history of CV disease be looked for.

(i) Cases of hypertension with cardiac, renal and eye involvement who are not stabzed within 24 weeks treatment and are progressive or near decompensation or decompensated. will be placed in P-5. If. these have stabilind with treatment and are not progressive, the individual will be placed in P-3 for 24 weeks at a time to assess further progress, restricting his employment to sedentary dunes only in areas not involving high altitude or exterminate cold climate.

(ii) If complying with regular treatment over a continuous period and the cardiac, renal and retinopathy changes have become normal; with basal blood pressure consistently remaining normal or at the most, within Stage-1 limit, the individual may be considered for up-gradation to P-2, with no restriction except rigorous physical exertion.

(iii) Cases of hypertension without any cardiac, renal or eye involvement and whose blood pressure is within border line under treatment, will be placed in P-2 for 24 weeks at a time to assess progress and finally may be considered for up-gradation to P-1B and then to P-1 in deserving cases depending on response.

(iv) In border line cases, the blood pressure may be checked once every 2 weeks, without changing the existing category; unless there are indications for such change.

(e) **OVER WEIGHT & OBESITY**

Take in to account the average nude weights according to age and height given in Appendix 'C & D' to this order. Individuals who are found to be overweight will be dealt with as under:

(i) If body weight is more than 10% but less than 20% over and above the ideal weight expected for the height and age, without any symptom/ signs of metabolic abnormality, the Official will be advised, in writing, to reduce his weight within 10 weeks under information to his Controlling Officer. He / she will be reassessed immediately on completion of this period.

(ii) If the individual fails to reduce weight to the acceptable level even after 10 weeks, he will be down graded to medical category P2 (T-24); and if he/she reduces weight to the acceptable 10% limit within this period, the classification proforma will be completed.

(iii) If the body weight is in excess of the Ideal Body Weight (IBW) by more than 20%, investigations will be carried out to exclude any metabolic abnormality e.g.- abnormal GTT / RFT / Lipid profile, IHD, Osteo-arthritis etc. If the officer has no metabolic abnormality and ECG is normal, he should be examined by a Medical Specialist or in his absence, an experienced CMO (SG). The latter must decide whether it is due to obesity or due to increased muscle mass / bone thickness by measuring the following parameters:

1. **Body Mass Index (BMI): -** Weight (In Kg) / (Height in Meter)

Normal range: 20-25

A person is definitely obese if it is 27 or more.

2. **Waist and hip ratio:**

Method of measurement of waist: Take a point mid-way between the 12^{th} rib and Upper border of iliac crest on both sides and measure with a tape.

Method of **measurement of hip**: Take upper point of greater Trochanter of Femur on both sides and measure the circumference with tape.

Normal range : 0.6 to 0.9 %

A person has definite central obesity if it is more than 0.9%

3. **Skin fold thickness:**

It is measured with the help of caliper

Normal range of sub-scapular skin fold: 18-20 mm -Triceps skin fold thickness: 12-15mm.

All the above measurements will decidedly determine whether increased weight is due to obesity or due to increased muscle mass/bone thickness. If it is due to obesity the individual should be down graded to medical classification-P2 (T24). If the individual fails to reduce his weight to ideal level by 48 weeks, s/he shall be placed in P-2 permanent and if does not comply by 72 weeks, in P-3 permanent.

(f) ALCOHOL DEPENDENCE

Alcohol dependence and drug abuse are recognized as behavioral / psychiatric problems in ICD — 10. These are incompatible with service/ ethos in Armed Forces and all such cases should be invalidated / weeded out of service unless the patient shows an unequivocal determination to give up the use of alcohol / drug for good in the shortest time 'span. There is well laid down procedure for disposal of such patients of Alcohol dependence/ drug abuse. However it does not meet the organizational interests of Forces where a large number of men are alcohol dependent and still continue to stay. In view of the above following instructions for disposal of Alcohol dependence/ drug abuse cases may be strictly adhered to:-

(i) Alcohol dependence/ drug abuse cases will be observed in temporary LMC in S-3(T24) initially if showing favorable response to treatment.

(ii) If during the period of such observation vide 2(a) his condition relapses again, he should be placed in S-5 and invalidated out of service.

(iii) After six months of observation in LMC in S-3 (T-24), if his behavioral / abstinence report is complimentary and his observation in hospital shows sign of abstinence (There should not be any symptom/sign of withdrawal when no alcohol/ drug are allowed during the period of observation in psychiatric ward) he/she should be upgraded to category S-2 (T-24).

(iv) During this period of observation in S-2 (T-24) if the Controlling Officer of patient refers him to psychiatrist with adverse behavioral report / remark and patient shows signs of relapse, he should be placed in S-5.

(v) After 6 months of observation in S2 (T-24) if the report as above is complimentary and patient shows signs of alcohol abstinence he should be upgraded to SI.

(vi) If after up-gradation to S-1, the patient shows any time any sign of relapse and referred by Controlling Officer /AMA to psychiatrist with adverse remarks in his report, then also patient should be placed in S-5.

(g) TUBERCULOSIS:

(i) Fresh cases of tuberculosis on domiciliary anti-TB treatment should be placed in P-3 for six months initially with further extension of same till the drug regimen lasts. After treatment is completed, the individual be kept in P2 for 12 weeks if the disease is completely healed without residual fibrosis or with minimal fibrosis not affecting functional capacity before upgrading to PI.

(ii) If residual fibrosis or pleural thickening occurs with impairment of Pulmonary function after usual course of treatment, the individual will have to be down graded to P3 for 24 weeks and if after that period, his assessment shows no improvement, he be put in permanent P3 category.

(iii) Resistant cases of tuberculosis or tuberculosis with HIV positive or with severe impairment of pulmonary function or requiring surgery for complications of tuberculosis, possible treatment should be given and individual placed in P5.

(h) MALIGNANCY & ORGAN- TRANSPLANT CASES

For the period of active treatment in OPD individual be kept in P3 or P4 on rest. After completion of treatment individual be categorized as per assessment of his physical/mental condition. The terminal cases will be put in P3 permanent category.

(i) HIV AIDS CASES:

Individuals who are only HIV positive but asymptomatic will be categorized P-2 & required to be observed periodically. Those who are HIV positive and symptomatic with or without opportunistic infection (AIDS disease), shall be assessed on their physical / medical condition and placed in P-3 permanent if ambulatory to facilitate continued ARTV, provided that they fully cooperate with management plan. If the disability percentage goes beyond 50%, individual will be placed in P-5.

(j) MISCELLANEOUS CONDITIONS TO BE CONSIDERED FOR P2:

a) Asymptomatic **undescended testis** which is entirely intra abdominal, varicocele and **Hydrocele** (Treated or of a mild degree); healed **trachoma**, traumatic **rupture of the tympanic membrane**, healed / closed perforation, **loss of teeth but' fitted** with suitable dentures and dental points >14, depending on the limitations.
b) Cases of **non-ulcer dyspepsia** where no abnormality was detected on G/E evaluation.
c) Cases of non-incapacitating Asthma, **chronic bronchitis and emphysema** should normally be placed in P-3 but may be considered for P-2 depending on clinical condition and disease behavior.
d) Cases of **Primary Hypothyroidism are placed in P2** provided that:

(i) T3, T4 & TSH confirm diagnosis and there is no other underlying cause found.
(ii) Individual continues to be euthyroid on oral thyroxin hormone replacement.
(iii) T3, T4 & TSH levels remain within normal limits consistently for 6 months of observation.

Note: While recommending employment restrictions for officers placed in P-2 the following conditions will be given due consideration.

(i) If disability is due to adverse effects of extreme cold on earlier occasion, of gout, arthritis. sciatica syndrome or chronic bronchitis, certain dermatological conditions and so on prohibition on employment in extreme cold areas will to be restricted.
(ii) With history of persistent pulmonary hypertension, head injury, fits, amoebic hepatitis, chronic bronchitis, asthma, Ischeamic heart disease, essential hypertension etc, restrictions on employment in high altitude (above 2700 meters) may be required.
(iii) In disability is due to past h/o Ischeamic .heart disease, obesity, sequcle of head injury etc, restrictions may have to be imposed on employment in mutinous areas, duties involving strenuous exercise, prolonged route march, long patrolling, running etc.

(k) <u>DISABILITIES TO BE CONSIDERED UNDER P-1 WITHOUT EMPLOYABILITY RESTRICTIONS:</u>

1. **<u>Asymptomatic Dyslipidemia</u>**

- Detected incidentally during routine evaluation and,

- There is no cardio-vascular risk factor or obesity,

- Has normal thyroid function (T3, T4, TSH w. n. 1.)

-No indication for drug therapy.

2. **Asymptomatic hyper uricaemia (> 7 mg / dl)**

- No symptom of Gout
- Individual has modifiable food habits and is amenable to change.
- No indication for drug therapy.

3. **Asymptomatic ECG abnormality**

- Detected incidentally during routine evaluation and,
- There is absence of any risk factor or symptom / sign of cardio- vascular disease,
- No underlying cause is detected on cardio-vascular evaluation,
- Must be under constant evaluation from time to time, not later than every 2 years or less if indicated.

4. **Ventricular or supra-ventricular ectopics**

- Detected incidentally during routine evaluation and,
- There is absence of any risk factor or symptom / sign of cardio- vascular disease,
- No underlying cause is detected on cardio-vascular evaluation.

5. **Asymptomatic cervical spondylosis / Low back-ache**

- With no neurological deficit or vascular insufficiency,
- Normal spinal movements,
- No sciatica.

6. **Cholelethiasis**

- Consistently asymptomatic,
- No complication of Gall-stone disease.

7. **Chronic carriers of HBV & HCV with normal LFT and no evidence of Chronic Liver disease.**

8. **Benign Hyperplasia of Prostate (BHP)**

- Symptoms well controlled on drugs,
- There is no complication of BHP disease.

9. **Fracture of non-weight bearing bones, Stress fractures & Sprains**

- When there is no pain persisting,
- There is no restriction of joint mobility.

10. **Varicose veins**

-No pain / Swelling / Ulcer,
-Uncomplicated

11. **Operated Cataract**

-Corrected vision up to 6/9 BE with glasses not exceeding +/- 3.5 D
-Uncomplicated I.DL.

I) **DEMONSTRATED PHYSICAL CAPACITY AND ENDURANCE**

For assessing endurance and physical efficiency; the Cooper's 12 minute Run / Walk test* will be conducted for GOs and Inspectors upto 57 years of age. For NGOs, the performance report in his/her annual JD & PET will be taken in to account.

*** The Run / Walk Tests**

Such tests measure the basic endurance as well as the aerobic fitness of an individual, having positive correlation with his / her maximum oxygen consumption capacity (VO2).

Coopers 12 minutes Run / Walk test.

The subject in this case is asked to run (also permitted to walk in between if wishes) for 12 minutes on a level surface and the maximum distance covered is noted to correlate for his / her maximal oxygen uptake capacity. The results of these tests are interpreted as under with due regard to one's age and sex. It is not only a good measure of fitness but also an excellent indicator of progress in physical performance. This test is considered most suitable in our setting.

INTERPRETATION:

Age range(In Years)	Minimum expected distance must be covered to be certified as qualified: Male	Femal
Upto 25.	2.8	2.4
26 to 35	2.4	2.0
36 to 45	2.0	1.75
45 to 57	1.75	1.6

(Adapted from Cooper, 1968)

The above yardstick should be applied rationally with due regard for the age of an individual; the criteria being, younger the age, more is the distance to be covered. Beyond 57 years, the running may not be insisted upon. It may be left to the choice of the Officer whether he opts for this or his/her Physical Capacity/Stamina be ascertained by employing other tests.

5 **"E" Factor (Eye Sight) acuity:**

This covers acuity of vision, colour vision and field of visions of an individual. A service in the Central Police Forces is concerned with safety of public life, property and therefore high grade of colour perception is considered essential.

Grade	Functional capacity	Employability Restrictions
E-1	Must have a good eye sight and high colour perception, with no ocular pathology. If corrected with conventional spectacles for Myopia or Hypermetropia, power not to exceed 7 diopters. Corrected vision must be:	Fit for all duties anywhere.

	Better Eye		Worse Eye
a	6/6		6/36
		Or	
b	6/9		6/24
		Or	
c	6/12		6/12

E 2	Moderate eye sight: Corrected vision with conventional spectacles for Myopia or manifest hypermetropia not exceeding 3.5 diopters. Corrected vision must be: 6/9 (or less if other eye is Aphakic or absent) 6/60	Fit for duties anywhere excepting jobs which require very accurate and frequent / rapid Firing
E 3	Adequate eye sight for ordinary purpose. Corrected vision with conventional spectacles or contact lenses. (a) 6/24 6/36 (b) 6/18 Other eye Completely Blind or absent	Fit for duties anywhere except duties requiting firing / driving.
E 4	In hospital / on leave/ rest on medical ground	Temporarily unfit.
E 5	Acuity of vision below E 3 grade	Permanently unfit for duty

Those diseases of eye not affecting vision must be assessed under 'P' factor.

Intraocular —Lens (IOL)-Implantations in Aphakics and their disposal:

1. Bilateral aphakic and bilateral contact lens wearers well be placed in this grade irrespective of their visual acuity as long as it is not below E-3 grade.

2. All aphakics, weather uniocular or biocular, after IOL implantations, should be observed in E-3 (T) for a period of one year in two spells of sic months each. If it is well tolerated with good visual return/binocular vision, and the field or vision, interlobular pressure and fundus are normal wherein corrective glasses required are not more than — 3.5 D in any axis then the following principles and sequence are to be followed:

(a) Uniocular Aphakics (other eye being normal

i) Left eye with IOL (In Right handed man) - E -1 classfication

ii) Right eye IOL (in Rt. handed man) -E-2 (Permanent)

(b) Biocular Aphakics With IOL both eyes -E-2 (Permanent)

(c) Biocular Aphakics with one eye IOL and other eye with or without Contact lens but correctable to 6/12 or more -E-3 (Permanent)

(d) Biocular Aphakics with IOL in "one eye and other eye being absent or with no vision -E-3 (Permanent)

may be awarded but only to highly skilled or professional individuals. In the routine course, such individuals are to be invalided out of service. Exceptional reasons for awarding E-3 classification should be specifically mentioned by the approving authorities

3. **Bilateral Aphakics- individuals with Bilateral Contact lenses**

(a) E-3 Category : First 6 months (irrespective of the degree of visual acuity and binocular vision, but not below the visual standard of E-3, which is 6/24 vision in the better eye and 6/60 or better but lower than E-2 standard vision in the worse eye).

(b) E-2 Category: (Permanent) : Thereafter (provided the visual standard is that of E-2 which is 6/12 vision in the better eye and 6/30 or better but lower than E-1 standard in the worse eye along with good binocular vision).

(c) E-1 Category: Not to be granted to bilateral —contact- lenses wearer under any circumstances.

Unilateral Aphakics- Individuals with Unilateral Contact- Lens:

E.1 category can be granted but only by an Ophthalmologist at a Composite hospital	If vision in the better eye is 6/12 or better and vision in the worse eye 6/12 or better along with excellent Bi-ocular vision.

4. **Defective colour vision:** The case is under consideration and separate order will be issued.

SPECIAL REFERENCE FOR LADY OFFICERS IN RELATION TO GYNAE/ OBSTETRICS STATUS (G 1-5) IN ADDITION TO SHAPE CATEGORY

G-1	No obstetrics or Gynaecological problem.	Fit for duties anywhere.
G-2	1st & 2nd Trimester of Pregnancy pre menopausal /post menopausal syndrome Hormone replacement therapy causing no disability. OR,	Fit for routine duties not requiring exertion of running, long walking jumping, climbing. PT, parade and such other duties.
	Minor disability/discomfort due to fibroid/Ovarian Tumor/Cyst P.I.D.	Fit for duties other then Counter - Insurgency.
G-3	Dysfunctional uterine bleeding controlled with treatment. Pregnancy with complications like Hypertension, PET, Diabetics bad Obstetrics history etc. Pre menopausal /Post menopausal syndrome with severe disability. Hormone replacement therapy with complication causing severe disability. Pelvic Inflammatory disease (P.I.D) with sever disability.	Fit only for sedentary duties with treatment facilities existing nearby.

	Uncontrolled cases of D.U.B. moderate disability due to any Gynae/Ops problem. The officer should normally be placed in G-4 on the completion of 34 weeks of pregnancy.	
G-4	Delivery and confinement hospitalization/ rest/ leave on medical grounds.	Temporarily unfit
G-5	Severe incapacitation due to Sequels to Gynae/Obst. Problem not amenable to treatement.	Permanently unfit for service. Required to be invalided out.

Note:

1. All the above conditions should be suitably assessed depending on disability and graded accordingly after taking specialist opinion for their employability and restriction of duties / areas etc.
2. The categorization in G-2 and G-3 initially shall be in temporary grade and only after the treatment is completed or on confinement, LMC may be given after assessing the disability.
3. Disability due to these gynecological problems will also reflect in 'P' factor.

Male Average Nude Weights in Kilograms for Different Age Groups and Heights (10% variation on Either Side of Average Acceptable)

Height in Cms	Age in years							
	15-17	18-22	23-27	28-32	33-37	38-42	43-47	48-50
156	48	49	51	52.5	53.5	54	54.5	55
158	49	50	52	54	55	55.5	56	56.5
160	50	51	53	55	56	56.58	57	57.5
162	51	52.5	54.5	56	57.5	58	58.5	59
164	52.5	53.5	55.5	57.5	59	59.5	60	60.5
166	53.5	55	57	59	60.5	61	61.5	62
168	55	56.5	58.5	60.5	62	63	63.5	64
170	56.5	58	60	62	64	64.5	65	65.5
172	58	60	61.5	63.5	65.5	66	66.5	67.5
174	59.5	61	63.5	65.5	67.5	68	68.5	69
176	61	62.5	65	67	69	69.5	70	71
178	62.5	64	66.5	68.5	70.5	71.5	72	72.5
180	64	65.5	68	70.5	72.5	73	74	74.5
182	66	67.5	69.5	72	74	75	75.5	76.5
184	67	70	71.5	74	76	76.5	77.5	78
186	69	70.5	73	75.5	78	78.5	79	80
188	70.5	72	75	77.6	79.5	80	81	82
190	72	73.5	76	78.5	80.5	81	82	83

* The body weights are given in this chat corresponding to height (in cms) on even numbers only. In respect of height in between the principle of 'Average' will be utilized for calculating body weights. For calculating average weight of those above the age of 50 years, 0.71 Kg may be added for each 5 years of age in the corresponding height group.

Female Average body Weights in kilograms for Different Age Groups & Height (10% variation on Either Side of Average Acceptable)

Height in Cms	Age in years						
	20	**25**	**30**	**35**	**40**	**45**	**50**
148	38.5	41	42.5	44	45	46.5	47
150	40.5	41.5	43.5	45	46	47	48
153	42	43.5	45.5	46.5	48	48.5	49.5
155	43	44.5	46	47.5	49	49.5	50
158	45	46.5	48	49.5	50.5	51.5	52
160	46	47.5	49	50.5	51.5	52.5	53
163	47.5	49	51	52	52	54	55
165	49	50.5	52.5	54	55.5	56	57.5
168	50	52	54	55.5	57	58	59

- The body weights are given in this chart corresponding to height (in cms) on even numbers only. In respect of heights in between the principle of 'Average' will be utilized for calculating body weights.

- For calculating average weight of those above the age of 50 years, 0.71 Kg may be added for each 5 years of age in the corresponding height group.

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APPENDICES

Appendix-`A'

DECLARATION BY THE OFFICIAL TO BE EXAMINED FOR SHAPE CATEGORISATION

1	Were you examined for any major ailment or hospitalized during last one year?	**Please record your answer:**
2	Are you a patient of : a. Hypertension (High Blood Pressure) b. Ischaemic heart disease? c. Diabetes Mellitus? d. Chronic cough / Br. Asthma / COPD? e. Epilepsy (Fits) f. Persistent Headache g. Mental instability ?	
3	Have you suffered from Giddiness at any time?	
4	Have you suffered from Chest Pain/Palpitation?	
5	Did you ever suffered from Tuberculosis?	
6	Your (a) Appetite (h) Sleep	
7	Smoking habit (If yes, no. of cigarettes per day)	
8	Alcohol intake (If yes, average quantity per day)	
9	Any accident/injury/major surgery undergone so far?	
10	Have you been transferred recently or under orders of transfer? If so your a. Previous Unit b. New Unit	

It is further certified that the above facts stated by me are true to my best knowledge and belief. I have not suppressed any fact concerning my health condition ever in past and as is at present.

Place :
Date :

Signature
Name

Rank

EMPLOYEE CODE:
Designation:
Unit:

APPENDIX-'B'

MEDICAL EXAMINATION PROFORMA FOR POLICE OFFICERS

1. Name :
2. ID No :
3. Age :
4. Sex : M/F
5. Height (Cms) :
   Body mass Index:
6. Weight (Kg):
7. Chest (Not for ladies)
   -On Expiration :
   -On full Inspiration:
8. Abdominal girth :
9. Trans-trochanteric girth:
10. Ratio (8/9) :

S **PSYCHOLOGICAL ASSESSMENT AS LAID DOWN**

i) Any past history of psychiatric illness, if so details:
ii) Any history of breakdown/outburst or taking wrong decisions, Indecisiveness leading to public reaction or castigation of civil authority.
iii) History of any alcoholic/drug abuse.
iv) History of Head injury/infective/metabolic en-cephalopathy.
v) Objective Psychometric scale if any applied and result there of:

CATEGORISATION: S-1 / S-2 / 5-3 / S-4 / S-5

H **HEARING**

i) Normal in both ears.
ii) Moderate defect in one ear.
iii) Partial defect in both ears.
iv) Any other combinations.
v) Auroscopy-
vi) Renriie's Test-
vii) Weber's Test-
viii) Audiometry (if indicated)

CATEGORISATION: H-1 / H-2 / H-3

'A' -APPENDAGES

i) Upper limb
ii) Lower limb
iii) Any loss / infirmity in any joint or part must be indicated in detail

CATEGORISATION: A-1(U), A-2(U), A-3(U)
A-(L), A-2(L), A-3(L)

P: **PHYSICAL**

General examination:

Distance covered in 12 minutes run/walk (Meters):

Body built :
Tongue :
Anaemia :
Cyanosis :
Icterus :
Oedema :
Clubbing :
Koilonychia :
Lymph glands palpable :
JVP :
Thyroid :
Spleen :
C.V.S. :

S 1 :
S 2 :

BP (mmHg) :
Pulse/mt :
Temp (C) :

Respiration :

Tonsils :

Teeth/Denture :
Throat :
Liver :
E.C.G. (Required after age of 45 years) :
Blood Sugar(If applicable):
Urine exam (In all cases):
Hb% (In all cases) :

Murmur if any

R-System:

Any deformity of chest:
Breath sounds

Percussion
Adventitious sounds

C.N.S. Higher functions:

Memory (Recent & Remote)

Intelligence
Personality
Orientation (time, place & Person)

Cranial Nerves

Meningeal Sign if any-

Motor System

Nutrition of muscles

Wasting-

Tone
Coordination
Abnormal movement/fasciculation
Power
DTR
Plantar-

Abdominal & Cremasteric refl-

Cerebellar Sign Gower's Sign

Sensory System-

Reflexes- Romberg's sign- SLR Finger-Toe Test

Skull & Bone
Abdomen: General: Any mass palpable any other abnormality.
Piles / Fissure- Fistula -Prolapse rectum

INVESTIGATION :

1. Hb %
2. Urine examination for all ages.
3. ECG after age of 45.years : Blood sugar if Applicable and for all above 45yrs.
4. Any other-investigation as deemed necessary by examining Medical Board (i.e. X-Ray Chest, Lipid Profile, Glycosylated Hb etc

I Agree/Don't agree to undergo HIV test Signature

CATEGORISATION: P1 P2 P3

"E" Factor (Eye sight/ Vision)

(a) Distant Vision
(b) Near Vision
(c) Colour Vision
(d) Field of Vision
(e) Any other Pathology
(f) IOL

CATEGORISATION: E1 E2 E3

FINAL CATEGORIZATION

ADVICE/ EMPLOYABILITY RESTRICTION(S) IF ANY

(NAME OF MEDICAL OFFICER):/ BOARD MEMBERS DESIGNATION/ UNIT

APPENDIX-C

PHYSICAL/MEDICAL CERTIFICATE

Certified that the Shri/Smt/Ms ....S/O ....Designation...........Date of Birth (DOB) ....recommended for award for .... on the occasion of **Republic/Independence Day, ... (year)** has awarded medical category:..........................(*) as per the Medical examination carried out on ....(date) by authorized Medical Officer/Medical Board.

Signature:...
Name :...
Director General of Police / Additional Director General of Police

Counter Signature: ....
Name: ....
Deputy Secretary to the State Government
Contact No.:...

NOTE 1. Medical category should be awarded as per guidelines for criteria of Physical/Medical fitness for awarding Police Medal to the Police Personnel.

NOTE 2. Medical examination of the person should be carried out by the Medical Officer of State/Central Government/Autonomous Body Hospital.

*** SHAPE-1 / SHAPE-2 / SHAPE -3/ SHAPE-4/ SHAPE-5**